Vol. 35, No. 7 JULY, 1957

8-AUG 1957

Estd. 1923

HEALTH

FOUNDED BY THE LATE Dr. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

THE ANTISEPTIC PRESS, MADRAS.
The copy delivered is in Pursuant to the delivery of Books (Public Libraries) Act, 1954

Consulting Editor :
U. KRISHNA RAU, M.B., B.S., M.L.A.

Editor :
U. VASUDEVA R

Contents

The Tuberculosis Problem in India —*Editorial*
Modern Concepts of Stress in Daily Life
What is a Baby?
Baby Problems
Tropics don't call for more Vit. B
The Value of Penicillin in Dentistry
Thumb-Sucking in Children
You and Your Sex Glands
Health Habits and Heart Disease
Tonsils and Adenoids
Cheese—A Meal in Itself
Facts about Bread

What's New in Science?

Sonic Washing

The latest model electric clothes washing-machine looks like a large spinning top, weighs only 8 lb, and is 10 inches high. It is placed directly into the water in the kitchen sink and it agitates the water by means of sonic waves.

An electro-magnetic pulsating device vibrates 100 times every second, and water, clothes, and detergent are agitated continuously. It is made in Britain, and is said to use less current than a small electric-light bulb.—(*World Digest*)

For Reading in Bed

A new plug-in electric lamp can be clipped over the head of the bed, or, with the clip removed, used as a small table-lamp or desk-lamp. A third type of use is as a wall-light, for the base-plate has keyhole slots for wall-point fixing. The angle of the light beam can be adjusted with finger touch, upwards, downwards, or sideways.

As a wall-light it would suit simple decorative schemes rather than those for principal living-rooms, but the clean design of the lamp—in coloured plastics—seems admirable for table—or bed-lamp use. A small sized 40-watt bulb and a generous length of plastic-covered flex are provided. All for just under 30s. including tax.—(*What is New in Science?*).

Food From Timber

At Oregon State College, research chemist Lamar Remmert has been experimenting with another by-product of the timber industry. In his laboratory he has subjected saw-dust to radiation, thereby producing a chemical change in the saw-dust which would enable a cow's digestive system to convert the cellulose from the saw-dust into usable body sugar.

Whether cows will one day be fed on treated saw-dust depends largely on the economics of producing it.—(*W. D.*)

Colour on Black-and-White

A German firm claims to have developed a way of taking colour photographs on ordinary black-and-white film. The process requires that the film is exposed through a composite filter consisting of red, blue and green lines. If the resulting photograph is then viewed through a similar filter, the scene appears in full colour.—(*W.D.*)

A Torch off the Mains

A torch that never requires a new battery seems more like some future product of the all-atomic age; in fact, however, this new torch can be charged from the ordinary mains-supply whenever necessary. It contains two small permanent batteries, and connection for re-charging is made by a two-pin plug in the base of the torch which, with or without an adapter, can be inserted into any main-supply socket.

The cost of power for re-charging is estimated at only a few pence for a year's average torch use.

As for the torch itself, it is of modern streamlined design in cream plastics, pocket-sized, and has a magnifying lens. One or two useful accessories are available, including a 10-1 magnifier for photographic or philatelic use, and a suction attachment enabling the torch to be fixed to a convenient surface for giving steady light, *e.g.*, during car repairs on the road.—(*World Digest*, May 1957).

Paper Clothes.

The American Chemical Society reports important experiments with dispensable paper clothing, made from a non-woven fabric consisting of a web of nylon, rayon, cotton, glass, or other fibre bonded by an adhesive and trapped between layers of cellulose "skin" or paper. It is expected that the material will be cheap enough to make it attractive for children's garments, and for people like doctors and nurses in frequent contact with the sick.—(*Science News*).

Ashtangasareeram

By

P. S. VARIER.

A Concise and Complete work on Anatomy and Physiology in Sanskrit. Certified by the All-India Ayurvedic Conference in 1926. Indispensable to lovers of Ayurveda. Price Rs. 12.

MANAGER,

ARYAVAIDYASALA,

Kottakal, S. Malabar.

TRUSSES for HERNIA

Available for single & double Hernias for adults as well as infants.

PRICE:

Leather covered single adult	Rs. 17-8
Leather Double adult	Rs. 25-0
Vulcanite infants single	Rs. 15-0

SRI KRISHNAN BROS.,

323-24, Thambu Chetty St., Madras-1.

HEALTH
A Journal Devoted to Healthful Living
Founded by the late Dr. U. Rama Rau in 1923

Published on the 15th of every month
Consulting Editor : U. KRISHNA RAU, M.B., B.S., M.L.A.
Editor : U. VASUDEVA RAU, M.B., B.S.
Annual Subscription : Rs. 2-50 np. Foreign Sh. 5. Post paid. Single Copy 25 np.
Editorial and Publishing Office : 323-24, Thambu Chetty St., Madras-1.

Vol. 35	JULY, 1957	No. 7

8 AUG 1957
MADRAS

THE TUBERCULOSIS PROBLEM IN INDIA

(Improved Outlook)

THAT there is a definite improvement in the general outlook of the tuberculosis control problem in India is manifest from the annual report of the Tuberculosis Association of India for 1956. The activities of this association have been mainly directed towards the development of measures on scientific lines for the prevention and control of this dire disease. The Central and States Governments have given liberal support to the Association and the proceeds from the Seal Sale Campaign has also helped in raising money for non-official anti-tuberculosis work. There is however, considerably more scope for the expansion of this campaign for a noble humanitarian cause.

Both the social and public health aspects of the diseases have been receiving commendable attention from the Governments and public alike. The outlook for the unfortunate victims of tuberculosis is consequently becoming more and more hopeful now than it used to be, say 20 years ago. The advent of the modern antibiotic drugs has been responsible to a large extent for this improvement in outlook. But chronic malnutrition and under-nutrition and the woeful lack of proper sanitary housing conditions for a very large section of the population constitute a serious handicap to the steady and rapid progress of the control operations.

We are glad to note that in spite of these handicaps the Tuberculosis Association of India and its many branches in the

different States have been steadily persevering with their organized efforts at prevention, control and rehabilitation.

The Association has spread among the people of the land, knowledge about the nature of this disease, ways of preventing it and the facilities for treatment which are available. It has also carried out a programme for training health visitors and has devoted much attention to the question of developing rehabilitation centres, like the Amrit Nagar Colony, situated near Tambaram. These centres have been organized in order to assist in the rehabilitation of patients in whom the disease has been cured or checked and offer them facilities for after-care and check-up. Organized efforts are made to provide employment opportunities for ex-patients and the Government have helped by agreeing to re-employ such people, provided they are declared by doctors to be non-infective and fit for particular types of work.

The rehabilitation of the patients is indeed a very big problem and there is ample scope here for Government and private bodies to cooperate towards the common objective in a spirit of emulation. It is very heartening to learn that a number of commercial organizations have helped in the campaign for providing assistance to ex-patients.

It should not be forgotten however, that tuberculosis continues to be a major public health problem in our country and thousands are carried off every year. Treatment of this disease is becoming cheaper and thanks to the advent of the antibiotics it has become possible to treat many patients at home and more effectively too. This calls for domiciliary visits by fully trained health visitors of whom we should have many more hundreds in every State. In the Second Plan period, over two hundred clinics and about fifteen training and demonstration centres are expected to be established; and this again will call for more trained personnel.

We wish to impress upon the public that the splendid work which is being carried on by the Tuberculosis Association in all the States deserves all the support that the Governments and the public can give.

At the doctor's for an examination after the birth of my baby, I was being given a lecture for not getting enough rest. I tried to explain that with a new baby to keep me up at night and a two-year-old to chase around all day, I didn't see what I could do about it.

"You've *got* to rest," the doctor said sternly, "both for your own good and for the welfare of your family."

Knowing his wife had a new baby I blurted out, "Does *your* wife?"

"No," he replied blandly, "but she's not *my* patient." (K.E.C. in *Life's Like That*).

Speak when you're angry and you'll make the best speech you'll ever regret.—(*Anonymous*).

MODERN CONCEPTS OF STRESS IN DAILY LIFE

Dr. HANS SELYE

Startling reflections on the life, health, and aims of men by the famous Canadian physician, Dr. Selye, whose theories on stress have inspired a new approach in medicine, are contained in his book **"The Stress of Life."** *(A forthcoming Longmans Green-Publication). The salient points are briefly set forth in this article.*

AMONG all my autopsies I have never seen a man who had died of old age. I don't think anyone has ever died of old age yet.

To die of old age would mean that all the organs of the body are worn out proportionately, by having been used too long.

In practice, this is never the case. We invariably die because one vital part wore out too early.

An old man may die because one worn-out hardened artery breaks in his brain, or because his kidneys can no longer wash out the wastes from his blood, or because his heart muscle is damaged by excessive work. But there is always *one* part that wears out first and wrecks the whole human machinery.

Ageing is not determined by the time elapsed since birth, but by the total amount of wear and tear to which the body has been exposed.

There is a great difference between physiologic and chronologic age. One man may be much more senile in body and mind—and much closer to the grave—at forty than another person at sixty.

True age depends largely on the rate of wear and tear, on the speed of self-consumption—for life is essentially a process that gradually spends the fixed amount of adaptation-energy we inherited from our parents.

Vitality is like a bank account that you can use up by withdrawals but *never* increase by deposits. Your only control over this precious fortune is the rate at which your make your withdrawals.

The solution is not to stop withdrawing, for this would be death. Nor is it to withdraw just enough for survival, for this would permit only a vegetative life, worse than death. The intelligent thing is to withdraw generously, but never squander.

The great art is to express our vitality through the particular channels and at the particular speed Nature foresaw for us.

When you can't sleep:—The stress of a hard-working day can make you sleep like a log or it can keep you awake all night. There is a difference between the work that helps you to sleep and the work that keeps you awake.

A stressful activity that has come to a definite stop prepares you for rest and sleep, but one that sets up self-maintaining tensions keeps you awake.

Everybody knows the value of protection against noise, light variations in temperature, or the difficulties of digesting a heavy meal taken before retiring.

But what can you do to regulate psychologic stress so it will not keep you awake?

If you suffer from insomnia, there is no point in *telling yourself*: "Forget everything and relax; sleep will come by itself." It doesn't.

Sheep-counting, warm milk, or other much-advertised so-called night-caps and hot baths are of little value, since they help only those who have faith in them. By the time you retire it is too late for anything except the sleeping-pill. *It is during the day that you must prepare your dreams.*

Do not let yourself get keyed-up more than is necessary to acquire the momentum for the best performance of what you want to do. If you get keyed-up too much, especially during the hours of the day, it may carry over into the night.

Keep *in mind that hormones* produced during acute stress are meant to key you up for peak accomplishments. They tend to *combat sleep and to promote* alertness during periods of exertion; they are not meant to be used all day long.

If too many of these hormones are circulating in your blood they will keep you awake just as a tablet of ephedrine (a derivative of adrenaline) would. Your insomnia has a chemical basis that cannot easily be talked away after it has developed.

Try not to overwork any one part of your body or mind by repeating the same actions to exhaustion. Be careful to avoid repeating the same task when you are already exhausted.

Nature likes variety. Remember this, not only in planning your day but in planning your life. If you use the same parts of your body or mind over and over again, the only means Nature has to force you out of the groove is STRESS.

Drunk with worry!—Everyone knows how much harm can be caused by worry. Medical textbooks are full of cases of gastric ulcers, hypertension, arthritis, and other diseases caused by chronic worrying.

Nothing is accomplished by telling such people not to worry. They can't help it. The best remedy is deviation or general stress. By high-lighting some other problem or by activating the whole body, the source of our *worries automatically* becomes less important.

For a person who is about to undergo a dangerous operation, or finds himself on the verge of economic disaster, it is impossible to stop worrying just by deciding not to. You must find something to put in the place of the worrying thoughts.

This is what is called deviation. If such a person undertakes some strenuous task that needs all his attention, he may still not forget his worries, but they will fade.

Nothing erases unpleasant thoughts more effectively than concentrating on pleasant ones.

Everybody is familiar with the feeling of being keyed-up from nervous tension. The sensation has not yet been fully analyzed, but we know that at *such times* our adrenals produce an excess

both of adrenalines and of corticoids. We know, too, that stress stimulating our glands to make hormones can induce a kind of drunkenness.

Without knowing this, no one would think of checking his conduct as carefully during stress as he does at a cocktail-party. Yet he should, for a man can become intoxicated with his own stress-hormones.

I venture to say that this sort of drunkenness has caused much more harm to society than the other kind.

In all our actions throughout the day we must look for signs of being keyed-up too much—and we must learn to stop in time. To watch our critical stress level is just as important as to watch our critical quota of cocktails.

More so, indeed, for you can lay off alcohol or at least you can count the glasses, whereas it is impossible to avoid stress as long as you live.

How much rest ?—Every person has his own requirements for rest and activity. To lie motionless in bed all day is no relaxation for an active man. With advancing years most people require increasingly more rest, but the process of ageing does not progress at the same speed in everybody.

Many a valuable man who could still have given years of useful work to society has been made physically ill, and prematurely senile, by retirement at an age when his requirements and abilities for activity were still high.

This psychosomatic illness is so common that it has even been given a name : "Retirement disease."

Complete rest is not good, either for the body as a whole or for any organ within the body. Stress, applied in moderation, is necessary for life.

I have always been against the advice of physicians who would send an extremely active business executive to a long exile in some health resort to relieve him from stress. Ambitious and active men often become much more tense when they feel frustrated by not being allowed to pursue their usual activities.

Why people work ?—Can a conscious striving for gratitude become a way of life ? When I first thought of it, I did not think so.

Working for any kind of reward seems unworthy of becoming the ultimate aim of existence. Most people would not like to admit that they do what they do just to make other people grateful.

When you ask an artist why he paints, an author why he writes, a soldier why he risks his life in battle, they may give you all kinds of answers, but they would laugh at the idea that they want gratitude.

The scientist who sacrifices his private life in laboratory work may admit that he does it only "for fun" or out of a wish "to be of service." But he would be surprised—and indeed ashamed—if you succeeded in convincing him that he actually works

to earn the gratitude of his fellow-men.

Most scientists would consider this selfish, if not naive. Yet, what is more selfish and more *naive*—working "for fun" or for gratitude?

To give meaning and direction to life we must have some ultimate aim. To please God, to live for the country or the family, or any other worthwhile and permanent institution, have long served mankind in its search for long-range aims.

Among all human attributes the one most harshly and justly criticized is egotism. And yet selfishness is the most fundamental characteristic of living matter. We cannot avoid being egotists.

To incite gratitude in others is perhaps the most natural basis for the ultimate aim of Man. It can be hoarded throughout life and accumulated into a tremendous wealth that, more reliable than any other, assures our security and peace of mind. It is an egotistic aim; that is why it is so fundamentally natural. It can be pursued through whatever talents you may have; that is why it permits self-expression to anyone.

Best of all—this is one type of selfishness for which you certainly need not dread censure.

The enjoyment of food and drink, of a beautiful sunny day, of a magnificent painting, or the purely sensual pleasures of sex, are not sought to inspire gratitude in others.

Still, striving toward gratitude is so deeply rooted in Man's nature that we feel the instinctive urge somehow to connect even these values with thankfulness; to say grace before dinner, to ennoble sex with grateful love, to feel indebted to the maker of every enjoyable thing—be it a poem, a health-restoring drug, or a sunny day—has its roots in this.

In a sense, selfishness is the original sin, not only of Man but of all living beings. Why pretend that we can do without it? We cannot, and trying just leads to frustration and self-incrimination.

But if we follow the philosophy of gratitude, we make all our selfish impulses also altruistic.—(From *Maclean's Magazine*, Toronto, *via World Digest*, May 1957).

Road Deaths and Drink—Deaths on the roads of America topped 42,000 in 1956. R. F. King, Massachusetts Registrar of motor vehicles, declares the "two great evils" to be drink and speed. In 1955, one half of all fatal car accidents involved drivers or pedestrians who were under the influence of drink.

Liquid Paraffin, as treatment for constipation, was incriminated in the *British Medical Journal* for August 11, 1956. "It is an obstacle to the absorption of fat-soluble substances, such as carotene, and to the healing of wounds." Recommended was the safe, old-fashioned remedy of Senna.—(*Good Health*, London, March 1957).

WHAT IS A BABY?

(Though the most helpless of all creatures, the new-born human has already lived a dramatic and amazingly eventful life)

HERBERT THOMAS, M.D.,
AND
BRUCE BLIVEN

BABY is a brand-new person, different from either of his parents and something other than a blend of both. He is unique. Biologically newborn babies have common characteristics. The baby at birth weighs an average 7·13 pounds and is about 19 inches long.

He looks top-heavy, and is. His head is remarkably large–almost one quarter the length of his entire body. His seven pounds are concentrated in this big head and in the other disproportionately large part of his body, his abdomen. The reason for the latter is his relatively large liver, which has been storing iron for the next few months when there will not be enough of it in his diet.

The baby's arms and legs are ridiculously short. His bones, composed mainly of cartilage, are soft and almost rubbery. His backbone is so elastic that, if he were put in traction, it could be stretched out another couple of inches. His wrist-bones are not even formed. There is an open spot in his skull called the fontanelle, but it is covered by an extremely tough membrane which protects his brain. His muscles are poorly developed; they haven't been used much, and are soft and flabby–a condition which he sets out to rectify almost immediately by an extraordinary amount of wriggling.

His temperature at birth is slightly higher than normal, and since he's naked and wet, and since evaporation produces sudden chilling, he must be swathed in blankets almost immediately in order to survive. Yet this baby is considerably tougher than he appears. He has already lived through a good deal. None of the changes in store for the newborn quite compares with the drama of his development from a single fertilized cell to a well-organized 200,000–million cell individual.

The main thing to understand about the baby's birth is that it is not an abrupt beginning. His heart has been beating for more than eight months. The general form and structure of his body took shape some six and a half months ago. After five months of development he weighed only a pound, but by then he possessed all the 12,000 million or more nerve cells that make up the human nervous system. He could then wriggle, stretch, flex his arms and legs, and move his head.

Except for crying, yawning and sneezing, which he can perform for the first time today, he has been practising his entire *repertoire* for months—sometimes with marked vigour, as his mother is well aware. Even though he has never breathed air before, his chest has been

moving in motions very similar to breathing during the last four months. If he is sucking his thumb today, it is probably not for the first time—many babies suck their thumbs *before birth*. As a result, the baby's sucking ability is almost always first-rate when it is born.

The newborn baby *has* to cry within a minute or two after delivery in order to start breathing air. This cry is an emergency gasp, a bellows-like action of his diaphragm which sucks air into his lungs and drives the fluids out of his nose and throat. The noise he makes is entirely incidental; his vocal cords just happen to be there, and the air rushing past them sets them in motion.

Before birth, the oxygen he needed reached him through his umbilical cord. This was connected to that amazing filtering device, the placenta, which allowed oxygen—together with many other things, including glucose, calcium, iron, fatty acids, salt and hormones–to pass by osmosis from his mother's blood-stream into his own and at the same time kept his blood and his mother's from mixing.

At the moment he was born, his blood began to follow a new route: a by-pass in his heart, which would never be needed again, started to close and sent his blood pulsing into his lungs. And his first crying gasp, bringing air into his lungs for the first time, brought oxygen to the place where his blood could pick it up. From his second breath on, the baby's breathing was under the control of his brain's respiratory centre. He has changed, in a matter of seconds, from an aquatic to an aerific environment.

Now, having established breathing with his first cry, the baby is prepared to cry for a host of other reasons—hunger or wet napkins, being the two main ones; then he learns that crying brings help, and develops a vocabulary of shrieks, whines and grunts, which his mother readily understands.

Besides crying, he can grimace, smile and scowl. But his expressions only *seem* to have meaning. They are attributable to his rapidly adjusting nervous system; he is simply trying on various faces for size rather than portraying emotion.

He also has a number of reflex reactions to discomfort or pain. He can shiver. If he is pinched he will draw away. Put him face down and he will turn his head to one side so that he can continue to breathe. He hates to have his head held still or his hands held against his sides; in either case he will struggle with surprising violence to work himself free.

He can blink his eyes, although he doesn't do so until his eyeball is actually touched. It will take time for this protective reflex to develop to the point of making him blink, as grown-ups do, when somebody makes a threatening motion. Perceiving light is about the best his eyes can do, although within 60 days he will be able to recognize a number of familiar objects.

Probably the first sensations he feels, however vaguely, have to do with his sense of touch. But it is his skin that is sensitive rather than his finger-tips. When, after a few weeks, he begins to explore the world around him, he will start by feeling things with the palms of his hands, not his fingers. As a more reliable method, he will try to taste things, for of his five senses taste is the best developed. Although he may not distinguish clearly among sweet, sour, salt and bitter, he reacts to them—he likes them or he doesn't—about as emphatically as an adult.

The newborn baby brings something unique into the world with him: his heredity, present physically in every cell of his small body in the form of genes. These genes are his inborn endowment, not only from his parents but from all his ancestors back through history. They have determined not only his sex, his size and how much his nose today looks like his father's but they have directed his development from a single cell into a human being.

His capacity for development is unparallelled. After age one he will race ahead into a realm where no other creature can follow. His power to perceive and to act will go on growing for decades, and his power to understand will increase until the day he dies. At the pinnacle of his capabilities, his brain will be able not only to assimilate an infinite variety of ideas but to arrange them in patterns and draw conclusions and proceed, perhaps, towards answering the greatest of all questions: *"What is Man?"*–(Condensed from *McCall's*, via *Reader's Digest*, March 1957).

Spraying Made Easy

An entirely new type of sprayer has been introduced by a Birmingham firm long associated with this class of appliance. Instead of a tank to carry around, there is a transparent plastic cylinder about the length of a walking-stick.

This will hold three pints of spray liquid. At the base of this long, thin cylinder, there is a spring-loaded plunger. On pressing the cylinder gently to the ground, this plunger acts as the pump for delivering the spray. The spraying head is attached to the cylinder by a flexible connecting lead.

With the cylinder carried in one hand like a walking-stick and the spraying head manipulated with the other hand, any one can carry out a spraying job in the house or garden without cumbersome hand-pumping, without carrying a heavy tank, and for a range from ground-level to 10 feet high without stopping or stretching. There are no parts to rust.

The weight of the appliance itself is only 18 oz!—(*Practical Science Note* via *World Digest*, April 1957).

Onion Cure—It is claimed that a good remedy for heavy colds is a basinful of onions boiled in milk, and spiced with nutmeg. They should be eaten hot, just before going to bed.—(*Good Health*, London, March 1957).

BABY PROBLEMS

(EASY DOES IT!)

O

MOST babies like to start mixed feeding at about three months, or it may be four or even five months before they really put their minds to it. Most of them weigh fifteen pounds, or it can be sixteen, with placid slow-starters.

The point to remember is a very simple one, and one that most mothers know anyway. No two babies are alike. Yet it is surprising how often young mothers get themselves into a fine old confusion by forgetting this one point that they should know so well.

Listen to any new mother—and new fathers are even more boastful. There never was such a baby. In intelligence, grace, beauty and charm, it's a world-beater. A unique individual like no other baby since the world began!! Other babies might be average in all sorts of ways—*but not this one!*

Then the same devoted mother and delighted father will worry themselves frantic, because this unique wonder refuses to meet some average table of weights or lengths, some average date for starting cereals, facing up to egg custard, or just gnawing a rusk.

I once found myself in the happy position of explaining to a learned statistician what the word '*average*' means. Late in life, he had become a father for the first time—after spending years, teaching students about how to arrive at an average figure and what it meant. But like every other father and mother he wanted his unique small daughter to fit all the averages in the book when it came to feeding and growing and developing—which is rather like driving a car across a big city and expecting it to reach every traffic light at green.

There never can be an average unless some of the figures for some of the babies are above the average and some below it. And in all the baby books the average time for a baby doing this or achieving that is just an average. A rough guide that means some babies will walk before the others, some after. Some start their cereals at twelve weeks, some at sixteen—and an unusually quick-growing child at eight weeks.

By the age of nine weeks English and American babies get around to eggs, soup, custard pudding, mashed bananas, and mashed crisp bacon. They start on cereals before their mothers leave the hospital. They get strained meats at fourteen days, strained fruits a few days later. Orange juice, eggs, soup and all the other things are added at weekly intervals. And according to Dr. Walter W. Sackett, Jr., these babies flourish exceedingly well and ought to grow up with fewer feeding problems than most infants.

It all depends on your own baby and which part of the world it was born in and how you tackle the mixed feeding

question. Three months or fifteen pounds is right for most of the babies most of the time. But there's nothing sacred about these very average times and weights.

Some babies like to have a go at mixed feeding a bit earlier, and why shouldn't they? Some take a little longer to get around to it and are very happy on breast milk only, for four months or more.

For most of the baby problems the right policy is to take it easy and take it calmly. *EASY DOES IT.* Very much depends on the individual baby. And all the babies I know are highly individual.—(Editorial, *Family Doctor*, February 1957).

Tropics Don't Call for More Vitamin B

DR. E. M. Glasser and Mr. B.H. Livett, working under the auspices of the University of Malaya have conducted controlled experiments on a group of Singapore students and communicated their findings to the *British Medical Journal*, London. They complain of "wasteful therapy" and of the "excessive prescription of Vitamin preparations prevalent in many tropical and equatorial areas." Many people living in hot countries are being prescribed Vit.-B tablets unnecessarily.

The student-subjects of this experiment were divided at random into 2 groups. Those in Group I were given dummy tablets to take, while those in Group II were given the genuine tablets containing a number of the substances grouped under the general title of Vitamin-B complex. The tests were carried out in 2 periods of 8 weeks each separated by an interval of six weeks. It was impossible to tell which tablets were the dummy ones as both sets were made so that they looked and tasted alike and the investigators alone knew which was which. Blood analyses were among the factors taken into account in assessing the results. To all intents and purposes, it was impossible to notice any difference in health between the two groups.

"Indeed" says the report "slightly more symptoms and illnesses were recorded by the same subjects *after taking the Vitamins* than after taking the dummies."

The report also states, "It was impossible to demonstrate any advantage of the Vitamin supplements when comparisons were made between the responses of different subjects who had been taking the B. Vitamins and dummies at the same time."

It is concluded that "The results clearly show that supplements of *Vitamins of the B. complex group do not improve the health or enhance the subjective sense of well-being* in normal people who do not know when they are taking the vitamins. —(*Br. Med. Jour.*, London via *Weekly Mail*, 29–6–57).

Advertising Bill—The U.S. annual advertising bill for drink, is seven million pounds. In response, the public spend *three thousand million* pounds, thereby creating the country's fourth Health problem.

THE VALUE OF PENICILLIN
IN DENTAL PRACTICE

N. S. BALACHANDRAN,
Honorary Dentist,
Govt. Head-Quarters Hospital,
Kozhikode, Kerala

THE increasing use of penicillin in dental practice for prophylaxis and treatment has greatly lessened the infectious complications following surgical procedures in the mouth. Penicillin possesses a selective action against staphylococci which predominate in dental infections and has also a definite bacteriostatic action against some of the streptococci. In soft tissue infections as well as in bone infections of the oral cavity, penicillin is administered locally and systemically. Prior to the advent of chemotherapy, the administration of a local anæsthetic in the presence of infection was contraindicated because of the possible spread of infection. This has been overcome by combining the anæsthetic with penicillin for use in inflamed and infected areas. For topical application penicillin is used in the form of solutions prepared in sterile saline solution or distilled water, suspensions in fixed oils, ointments, surgical packs and as lozenges. Solutions of penicillin may be injected directly into the submucous tissues around the granulomatous area in treating abscesses of the teeth and other soft-tissue infections. A large dose of penicillin injected at or close to the site of infection is quite as effective as frequent intramuscular injections of smaller doses. This has proved successful in some cases where parenteral administration was found ineffective. Gauze saturated with the solution may be used as a post-operative pack and after extraction of teeth. Penicillin mouth-washes are found very helpful in the treatment of certain types of stomatitis and gingivitis. Penicillin may also be used directly on the lesions in Vincent's infection (trench mouth), in the treatment of which the repeated use of penicillin lozenges or trochees is a useful adjunct, as it produces an adequate bacteriostatic concentration in the saliva. Penicillin lozenges are believed to ensure prophylactic sterility of the mouth before and during surgical intervention in the mouth, by ridding the mouth of pathogenic organisms which often cause post-operative infections. In osteomyelitis, cellulitis and cysts, penicillin is employed both locally and systemically. The acute stage in osteomyelitis is rapidly controlled and the periods of sequestration and recovery greatly reduced. Penicillin is successfully used in aborting incipient osteomyelitis of the jaws with little or no destruction of the bones. Surgical interference in acute alveolar abscesses has been greatly minimized with the introduction of penicillin which brings about a quick and complete resolution of severe alveolar infections without the necessity to evacuate pus by incisions. Penicillin has also

been shown to possess marked coagulant properties when used systemically or locally. Ointment preparations of penicillin may be used as a dressing in post-operative work and also in infected oral lesions. Penicillin ointments prepared in a hydrophilic base has the advantage of keeping its potency in tact for quite a long time.

Penicillin, or for that matter any antibiotic or chemotherapeutic drug is a good friend and ally when used rightly, but a dangerous enemy when used wrongly or indiscriminately in all and sundry infections and for conditions in which it is not indicated. When penicillin is indicated, the dosage must be such as to maintain an effective concentration in the bloodstream, until a resolution of the condition occurs. The abuse or misuse of penicillin may result in producing organisms, which resist the drug in course of time. So all antibiotics including penicillin if indiscriminately used, are capable of doing more harm than good.

THUMB-SUCKING IN CHILDREN

THERE is no doubt that some babies suck their fingers much more than others. Most mothers think that it means that the baby is hungry. This is only occasionally true and more often than not, it is unassociated with hunger. About half of all children suck their fingers when they are one year old. After nine months it is commonly associated with sleep, and as soon as the baby feels sleepy he puts his fingers in his mouth. Others do it when they feel shy, or bored, or get into trouble. It is very common at about eighteen months of age. Most children get out of it by about four years.

Careful research has shown that thumb-sucking is perfectly harmless as long as it stops by five or six years of age. If it continues after that it may lead to deformity of the teeth. As it is harmless it should be ignored. If it persists after the third or fourth birthday, it is reasonable to try and stop it, with as little fuss as possible, by suggesting that it is a babyish habit which people think does not look nice. —(Condensed from "*Babies and Young Children*," via *Family Doctor*, February 1957).

" SHOOT " YOUR MAN!

Two new cameras are reported from America. One weighs only 6 ounces and is 1½ inches long. It is attached to revolvers, so that if a man comes off worse in a gun battle and misses his opponent with the bullet, he may be lucky and have a picture of him, as the film is exposed every time the trigger is squeezed.

The other camera weighs 5 tons, is 25 feet long and has a 30 inch lens. It will be used by the U.S. Air Force for copying drawings, maps etc. Fifty automatic magnets will keep the copy flat for photographing.—(*World Digest*, May 1957).

YOU AND YOUR SEX GLANDS

S. B. WHITEHEAD, D. SC.

WILL it be a boy or a girl? This is a question over which most parents-to-be have to ponder before Baby arrives. Physiologically, however, a baby's sex is decided and fixed at the moment of conception by the genes carried by the gametes which parents contribute to the first complete cell of a new being. Thereafter, the embryo grows and the baby is born to the pattern of a male or female, and equipped with the physical mechanism which will bring that pattern to full maturity in the sex glands.

It is unfortunate that the morals of society have besmirched the significance of sex in many ways, obscuring its healthy—one may say its holy—and true purpose. Nevertheless, the sex glands or gonads are, to the physiologist, the most marvellous and finest organs in the whole human body, and among our most precious possessions throughout life.

They are, like all the organs of the endocrine system, quite small, but Nature marks their importance by giving them well-protected positions in the body, in the pubic region. They are embodied in the tests of the male pubic organs, and in the ovaries of the female. It is the activities of these organs that account for the comparatively hard, muscular, wiry, bony and tall physique of the male, and the shorter, more roundly contoured, and softer anatomy of the female.

Hormone secretions:—Like other ductless glands, the gonads secrete hormones into the bloodstream, and these hormones are responsible for the development of what are termed the secondary characteristics of sex. They are at work when a boy's voice breaks, when he finds he has to start shaving, and when he develops differently from his sister; while in the girl they stimulate the development of her breasts, the broadening of her hips, and the softness of her skin. And since the endocrine hormones not only govern body-cell development but also that of the brain cells, the gonad secretions undoubtedly play a part in the different ways in which the male and female minds and emotions work.

It is significant, however, that although the secretions of the testes largely develop maleness, and those of the ovaries femaleness, both kinds of secretions are found in both sexes. It is a question of their strength.

The gonads are active from the beginning of life. Throughout infancy and childhood their hormones are constantly being secreted into the bloodstream; and on distribution about the body, they initiate and influence the development of the various physical characteristics that make boys different from girls.

Gonads and adolescence:—The approach of adolescence sees the gonads becoming even more

active in bringing about the maturity of the sex of the individual. The boy takes on his manhood, and the girl her womanhood, and the period is one of tremendous physical and psychological change and ferment. It is in this period also that sexual mechanism of procreation is perfected, and the gonad glands become glands of internal secretion and external secretion.

With the ripening of the body of the adult man and woman, the gonads become glands of generation or reproduction, but it is important to remember that they also remain the glands of self-regeneration. Their internal secretions are vital to the renewal of one's own body when growth has matured. The duality of the gonads is seen in that everyone manifests some degree of masculinity and femininity. Various degrees of intersexuality are found among adults, and the feminine man or masculine woman is not uncommon. Sometimes that combination of feminine and masculine traits can be so distorted that it has been difficult to discern in some individuals whether they are true males or true females.

For a great length of time it has been known that removal of the dominant sex organs by injury or castration results in a complete change in sexual characteristics. A virile man can be turned into the smooth, hairless, and sexless eunuch.

At the same time, it should be recognized that the gonads also become the organs of the re-creation of one's own body, working in unison with the other glands of the endocrine system, so that life and vigour may be renewed year after year.—(*Good Health,* April 1957).

MASTICATION OF FOOD

"The value of mastication in helping to promote digestion has never been proved" says John H. Farrell in the *British Dental Journal,* introducing an account of an investigation that supplies the missing evidence. By a simple, yet ingenious, method, in ten healthy subjects, he has investigated the effect of mastication on the digestibility of 29 commonly eaten foods. His method was to sew weighed portions of masticated and unmasticated foods into separate cotton mesh bags, and then swallow them. The bags were recovered from the fæces and the food residues that they contained were examined and weighed.

Of the foods tested eighteen left large undigested residues in the fæces, if they were not chewed. These included pork, bacon, beef, mutton, lamb roast chicken, fried and boiled potatoes and boiled peas and carrots. The other eleven foods, which included fried and boiled cod, fried kippers, hard-boiled eggs, cooked rice, white and wholemeal bread and Cheddar cheese, were found to be digested easily, whether masticated or not.

It would appear as if "very little chewing is required for maximum digestion and that a person having a masticatory efficiency as low as 23 per cent may be expected to be able to masticate sufficiently well to digest any of the foods tested in this investigation.—(via *The Practitioner,* London).

Few men have virtue to withstand the highest bidder.—(*George Washington*).

HEALTH HABITS AND HEART DISEASE

E. P. LUONGO, M.D., New York

MANY leading cardiologists believe that health habits, including nutrition and exercise patterns, are important factors in the prevention and postponement of coronary disease.

Overweight patients must take moderate, regular exercise and 'cut down' foods. They should not eat rapidly as this interferes with adequate rise in blood sugar level, which in turn controls the appetite through the hypothalamus in the brain.

In more than two-third of the cases the table caloric intake was more than that necessary for the energy expended. More than two-thirds were overweight or obese, on the average of 10–15 years prior to the attack.

Seventy out of a hundred in the coronary group showed no regular exercise. Exercise is an important aspect of weight control.

Tobacco has no place in the ætiology of coronary disease, but it is harmful in cases of already diseased coronary or already diseased peripheral arteries.

Alcohol also seems to have little or no relationship to the production of coronary sclerosis. Alcohol in moderation *may* diminish the work load of the heart by reducing the pressure in the small peripheral arteries of the body.

Occupation :—There is no evidence that physical exercise at work or play causes coronary disease. If employees in sedentary occupations have poor health habits and do not have good exercise patterns, they may be expected to be more prone to coronary disease than employees whose work requires regular exercise and whose health habits, including nutrition, are good.

Stress due to fears, phobias, frustration, anxiety and fatigue certainly should be listed in the category of health habits. Individuals subject to nervous tensions, frequently find food, in nibbles or at a banquet, a relief from nervous tension. This may thus cause over-eating and overweight.

Diagnostic criteria :—It is a pity physicians are nowadays relying too much on mechanical aids like the electrocardiogram not only in the diagnosis of coronary disease but of other diseases as well. Patients with normal hearts may be labelled diseased on the basis of electrocardiogram and *vice versa* when the patient with presumptive diagnosis of coronary disease shows normal electrocardiogram.

Pulse-rate and diastolic pressure :—Over two-thirds of the patients with coronary disease showed a sustained rise in pulse rate (15 to 30 beats per minute) and diastolic pressure (10 to 30 mm. Hg.) on the average of 2 to 5 years prior to attack. By contrast, only one-third of the controlled patients showed significant changes in pulse rate or diastolic pressure 2 to 5 years prior to this study. These pulse and diastolic

pressure elevations correlated with findings on nutrition, stress, and sedentary habits, are important presumptive evidence of candidacy for coronary disease, and patients in this category should be treated as such by proper preventive measures, regardless of electrocardiographic findings. Preventive measures are even more urgent when these patients also show evidence of hypercholesteræmia, xanthomatosis and diabetes.

There is evidence that sedentary living and poor health habits are the real culprits in coronary disease and not hard work, over-exercise or occupational stress. The disease incidence does not appear to be governed by occupational titles but more by the exercise he took and his nutritional status 10 to 15 years prior to his 4th or 5th decade in life. Individual should start training for middle and old age during their youth or childhood as regards health habits and must not forget their importance in middle and old age.

Atherosclerosis is prevented by cutting down foods rich in fat. Candidates for coronary disease should become vegetarians. Presumptive evidence in the form of abnormalities on the electrocardiogram usually comes too late for effective preventive measures. Progressive elevation in pulse rate and diastolic pressure in overweight men in the 4th and 5th decades of life is probably as good a criterion as the electrocardiogram for instituting preventive measures related to health habits.—(*J. A. M.A.*, 10-11-'56, p. 1021-1024, via *The Medical Review of Reviews*, April 1957).

MILK—THE IDEAL FOOD FOR ALL AGES

"BECAUSE it will make you grow up big and strong like Daddy." That's a mother's favourite answer when her son asks why he has to drink so much milk. But wise mothers know that milk does more than that. Milk helps children—the very young, the 'in-betweens' teenagers—helps them all to grow up healthily and happily.

Milk builds sturdy flesh and bone, good strong teeth and muscle. Milk promotes vitality and good general health. And what could be more rewarding than to see a child in perfect health: tirelessly playful, with sparkling, mischievous eyes and glowing cheeks.

Milk is Nature's most nearly perfect food. Everybody needs it. A fact about milk is that it does its good work throughout life. At every age, we can benefit from milk. We all need its protein, calcium, vitamins, fat and carbohydrate; and milk provides them in a form particularly easy for the body to absorb and use. No other single food offers so much for so little. We should make the most of it: every member of every family should drink at least a pint of milk a day.

You never outgrow your need for milk.—(*Family Doctor*, Feb. 1957).

INTERESTING INSIDE FACTS ABOUT YOURSELF

DAVID GUNSTON, London

IT sounds strange, but few of us know very much about ourselves: our physical forms, I mean.

Did you realize that the average human being consists of about ten gallons of water.? As for the other ingredients that go to make the ordinary man and woman, these have been very startlingly resolved into ordinary components.

There's a good deal of fat, enough in fact to make about seven bars of soap. As well, there's enough carbon to make about 9,000 blacklead pencils; enough phosphorus to make 2,200 matches, a quarter of a pound of sulphur; enough lime to fill a bucket; a spoonful of magnesium; and enough iron to make a two-inch nail.

Total value—only a few shillings. This is worth remembering when someone starts talking about how valuable he or she is to the world at large.

And if you want to be staggered by numbers, an ordinary person has a mere 25 billions of oxygen-capturing red corpuscles in his blood, and if they were spread out over a flat surface, they would cover an area of 3,300 square yards. In babyhood, we have no fewer than 270 bones, but as some join together as we grow, as adults we have about 206.

Assuming that the heart beats at the normal 70 to 72 beats to the minute, a man aged seventy will have had his heart beat no fewer than 2,900 million times and it will have pumped about 270,000,000 pints of blood through his veins during his lifetime.

The hottest temperature of water that a man can endure with a normal body temperature of ninety-eight degrees is around 110 degrees. Although we nearly always keep warm, each hour of our lives we lose enough heat to boil half-a-gallon of water; while a normal body contains enough electricity to light a twenty-five-watt lamp for several minutes.

As for the hairs on your head, these vary from some 120,000 in dark-haired people to over 140,000 in those with fair hair. Each day anything from twenty-five to 100 hairs fall out and new ones start to grow.

In a single minute you can breathe 410 cubic inches of air; circulate 14lb 10 oz. of blood; walk 200 yards; speak 150 words; write about thirty to forty and think dozens of thoughts. In an average lifetime, it is hard to calculate what the body does do!

In your sleep, you toss and turn thirty-five times; relax 357 times—that is 357 muscles; breathe 6,500 times, lose five ounces of moisture in perspiration and you may snore several hundreds of times. You may have two separate dreams and sneeze six times!

Apart from water, sleep is the paramount human need, and although one may exist without food for as much as thirty days few people can survive ninety to

110 hours without any sleep.

It has been recorded, too, that a man can stay under water for six minutes, hold his breath for twenty, live in a cold temperature of 103 degrees below zero. Human finger-nails grow at the rate of 1½ inches per year or seven feet and nine inches in a lifetime's growth.

And as if that wasn't enough —remember that you are stone deaf for several days after birth! —(Condensed from *Outspan*, S. Africa, via *English Digest*, May 1957)

TONSILS AND ADENOIDS

HERE is a revelation that may astonish and shock thoughtful people. Writing in the *British Medical Journal*, August 4, 1956, a doctor says: "*It is not generally realized that, since the inception of the National Health Service, some 200,000 children are being admitted to our hospitals every year for the removal of their tonsils and/or adenoids, at a cost of around £2 million to £3 million.*" The writer then poses the question: "Are all these operations really necessary?"

To answer this the doctor made a study of his own cases and came to the conclusion that the operation was done because of the persistent and recurrent respiratory infections in young children, that is to say the common coughs, colds and sore throats. His studies showed that these ailments simply run a characteristic natural course and he concludes with the suggestion "*that if we wait long enough most children would lose their coughs and colds and sore throats spontaneously and naturally without the interferences of the ear, nose and throat surgeon... ...My own practice is to refer patients for operation only very infrequently, and my own tonsillectomy rates have been only 5 per cent over the past 10 years—and in spite of this my child patients grow up into healthy adolescents.*"

The implication here is pretty plain. Public funds used for these operations is misspent money, and the surgical skill is misdirected. That, of course, is of minor importance compared to the shock and strain which such operations needlessly impose upon children of tender years. Surely the time is ripe for the medical profession, especially in view of the above findings, to review the whole subject, and thus render to themselves, the children, and incidentally to the National Health Service, a very valuable contribution.

If the figures which the doctor has given are correct they stress the urgency of the matter. It means that since the inception of the National Health Service, eight years ago, something like 1,600,000 tonsil operations have been performed at a cost of between £16 million to £24 million pounds sterling!! Facing the future on such a basis calls, we think, for the most serious reflection.—(*Health For All*, Oct. 1956).

CAN'T SLEEP?

'Give Yourself a Chance to Acquire Normal Sleep Habits,' says

Dr. HERMAN GOODMAN

OCCASIONAL loss of sleep probably has no detrimental body effects, but it worries a person, and he fears he will not be able to sleep the next night. This may tend to initiate a vicious circle of sleeplessness.

If you are only an occasional insomniac, you probably won't have to seek medical treatment. Next time you have trouble falling asleep, try the following simple remedies:

(1) Make going to sleep a routine. Spend an hour before going to sleep in a restful atmosphere.

(2) Don't take your worries to bed with you. If your mind is whirling with the events of the day, if a few petty incidents ruffled you at the office, try to forget them.

(3) If you want to be sure of sound, undisturbed sleep, sleep in a quiet and completely darkened room. See that the room is well ventilated, and the temperature is comfortable. The mattress should be moderately firm, and the bed smoothly made.

(4) Never eat heavily before going to bed. A glass of warm milk before retiring is often helpful.

(5) For the white-collar worker, who may not feel as physically tired as the manual labourer, a short walk before retiring helps a lot. Fresh air and mild exercise help to calm your nerves, and at the same time make you tired enough to make bed-time seem like a wonderful idea.

(6) A good book often does the trick. So does listening to soft restful music.

(7) And lastly, don't let down the sun go down on your anger. If you have had a disagreement with a member of the family, make peace before retiring. Everybody will sleep better.

Remember, there is no substitute for natural sleep. Stay away from sleeping pills. Give yourself a chance to acquire normal sleep habits on the basis of the above suggestions.

An occasional hour of sleep lost does no harm. Don't worry about it, because anxiety will only bring on more sleeplessness. Relax—and a good night's sleep to you!

Referred Pain

Pain is a great help to doctors in diagnosing illnesses. While pain felt in the skin almost certainly originates in the place where it is felt, this is not necessarily so with internal pain. A pain in the knee may sometimes be due to an unhealthy appendix, earache may be due to badly infected teeth, trouble in the liver or gall-bladder sometimes produces pain in the shoulder-blade. Doctors call this symptom "Referred pain."

In our nervous system which is more complicated than a telephone exchange, there are many links between the different parts of the body.—(From *John Bull.*, London).

CHEESE: A MEAL IN ITSELF

DAVID GUNSTON, London

THE first written mention of cheese in the diet occurs about 1400 B.C. The ancient Egyptians made cheese from sheep's milk, and the Greek used the milk of both sheep and goats. A little later the Romans and Jews were feeding it to their armies to give them physical strength. The Romans brought the art of cheese-making to Britain. They were experts, flavouring their products with herbs and spices and smoking them over wood fires.

Cheese contains the essential nutrients of milk collected into a curd, or coagulum, either by natural souring or by adding rennet, and completely separated from the watery whey. In most cheeses, the curd is subjected to the curing or ripening action of moulds or bacteria to produce the characteristic flavour. To-day's cheeses are either "*natural*" or "*processed*."

In the first group are the traditional cheeses known and relished for centuries. Most traditional *natural* cheeses were named after their countries or districts of origin and relied upon their name and reputation for wide sales. *Processed* cheese, on the other hand, is a relatively new food product. It is made from a selection of natural cheeses of varying types, qualities, and degrees of ripeness which are ground up, melted, and blended with seasoning material. The liquid cheese is then forced into shapes for convenient packaging.

It is about as nourishing as the traditional product, and certainly many people have gained an acquaintance with many more kinds of cheese through the purchase of the less expensive processed varieties.

One of the greatest values of cheese has been its *preservation* of the milk nutrients for far longer periods than the liquid itself may be kept.

The nutritive value of cheese has of course never been in doubt. It contains, nearly all the fat, casein, calcium, and vitamin A of fresh milk, and a fair proposition of the sugar and minerals. It is primarily a source of fat, protein, and calcium, and also contains ample riboflavin (B_2) and phosphorus.

As far as comparable nutritive value is concerned, one pound of hard cheese is about equivalent to a gallon of milk—so four ounces of hard cheese would provide the nutrients of one quart of milk.

Recent research has proved that no food is more readily digestible than cheese—provided it is eaten slowly with biscuits or bread and in moderation.

Most indigestion due to cheese is caused by eating too quickly or too much, although there is some evidence that overcooking makes some cheeses rubbery and harder to digest. Cooked cheese loses little of its food value, and is useful when a person dislikes the taste of raw cheese.

Cheese is an excellent substitute for lean meat or other protein foods, and is especially good for helping nursing and expectant mothers and growing children to meet their calcium requirement necessary for proper development of bones and teeth.

The bacteria present in cheese —and essential for its proper ripening and consequent flavour —are not in anyway harmful. As a matter of interest, according to Dr. Paul Adamez, of the Sorbonne, a half-inch piece of soft cheese contains about 150,000 bacteria when freshly made and some six million after a few days. Dr. Adamez has also computed that there are more organisms in four ounces of long-kept cheese than there are people on earth! But without these harmless, may be beneficent living bacteria, of course, cheese would not be cheese :

There are probably 400 to 500 different varieties of cheeses made to-day, but fewer than a hundred basic types. Some once-popular cheeses are no longer made.

The most cheese-conscious country in the world has for generations been Switzerland ; a "*Cheese University*" there grants diplomas and degrees in cheese-making. Close behind come France, Holland, Denmark, and Italy, which is the true home of cheese culture.

It is in Italy that the art of cheese-making has been accorded the semi-legendary aura found in wine-making-practice combining with the skill of men born to their esoteric craft. The Italian makers of Parmesan, the hardest and longest-lived of all cheese, still test their product for maturity in the age-old way—not by taste but by sound. Armed with a small silver hammer they go round their ripening cellars and give each cheese a sharp tap; only when the cheese responds with the right tone do they release it for the market.

But if the methods of manufacture vary little, tastes and fashions in cheese are constantly changing. In medieval times soft and green cheeses were the favourites; *spermyse*, a cheese flavoured with herbs, was also popular and widespread. Only the wealthy knew a wide range of hard and soft cheeses.

Today the soft crumbly cheeses, like Cheshire and Leicester, are not nearly as popular as they were, and *Gorgonzola and Danish Blue* have attained a new popularity and a ready market all over the world.

The pungent, slightly sour smell of Limburger is not appreciated by Americans, although in Europe it is a hot favourite.

The age of cheese has in the past been considered a measure of its quality. In Swiss villages to this day, a family's rank is determined by the age of the cheeses in its cellar, some of which may be a *century* old and brought out only for christenings, and weddings.

Certainly moderately old age is no bar to cheese's enjoyment or food value ; that fact alone makes it a unique food.

Now the age of cheese has been

extended indefinitely by the canning process, to which it was one of the last foodstuffs to succumb with any degree of success.

For years the pressure of fermenting gases from ripe cheese burst open the tins, but this has now been overcome by the use of a tiny air valve in the container.

New Zealand cans much of her exported cheese.

Cheese is indeed a great gift to mankind, a simple food that is itself a meal.—(From *To-day's Health*, Chicago, via *World Digest*, March '57).

TWO SPECIAL-PURPOSE SCHOOLS DESIGNED BY
THE LONDON COUNTY COUNCIL

THE London County Council architects are building two schools at the corner of Avenue Road and Adelaide Road in the borough of Hampstead, a redevelopment area, which present certain features of unusual interest both as regards their purpose and architecture.

One, nearing completion, is for physically handicapped children; the other, due for completion at the beginning of 1958, is for delicate children. The site is well furnished with trees and contains a schoolkeeper's house to serve both schools. This is already finished and occupied.

Each school is planned to suit its special needs. The general construction in both, however, has been specially designed to eliminate any "institutional" effect. Both for obvious reasons are planned on a single floor, their rooms being arranged around garden courtyards.

Both schools will provide primary and secondary education. The school for physically handicapped children will accommodate 160 pupils and will have four primary and four secondary classrooms, each in a separate wing. One will be equipped for art and another for science ; in addition there is a housecraft room for girls and a workshop for boys. In the main wing is an assembly hall where meals are taken. Approached from the hall are the medical rooms, a waiting room, an examination room, and a large room for remedial treatments. Changes of levels are effected by gentle ramps—there are no staircases for the children to negotiate. A store for wheeled chairs is provided.

The second school, planned for 180 delicate children, is on the open-air principle Assembly hall and medical room are in the centre near the main entrance, whilst the three primary and three secondary classrooms are reached by covered ways. The courtyards will be used for out-door teaching. The classrooms will have under-floor heating and special fitments for the storage of beds and blankets.

A single kitchen serves both schools and is situated in the school for physically handicapped children Here meals will be cooked and served at midday in the respective assembly halls. The delicate children will also be given breakfast and tea in a servery alongside the hall. These meals are not provided in the other school.—(*The Journal of The Royal Institute of Public Health and Hygiene*, London Feb. 1957).

Be not disturbed at being misunderstood ; but be disturbed at not understanding.—(*Chinese Proverb*, via *Good Health*, London, March 1957).

FACTS TO KNOW ABOUT BREAD:

White Loaf or Brown-Bread?

White loaf or brown bread?–Experiments conducted since 1947 by two acknowledged British authorities, Prof. R. A. McCance and Dr. E.M. Widdowson, on behalf of the Medical Research Council in two German orphanages are described in a recent publication.

The orphaned children, aged five to fifteen, were all undernourished and underweight; and were allowed plenty of bread which they ate with such relish that they were soon obtaining about 75 per cent of their calories from it. The remainder of their diet consisted largely of vegetables, soups, and potatoes, with little animal protein.

As quite a large proportion of the diet depended on bread, it was expected that the different values of the various types of flour would soon show themselves. But no such thing happened; all the children seemed to improve at the same rate. There was clearly some difference in the nutritional values of the different types of flour, but any deficiencies of one in relation to another was more than compensated by an excess of these substances in other foods.

Two conclusions therefore stand out:—First, wheat flour has a much greater food value for growing children than has normally been given to it in recent years; and secondly, when we remember that there are other items which normally constitute our diet, the unenriched white flour is just as valuable a part of the complete diet as wholemeal flour. White flour is likely to yield somewhat poorer results only in the unlikely event of its being eaten in the absence of any vegetables and animal protein.–(*Daily Telegraph*, London).

The Antiquity of Baked Bread

THE baking of bread dates back to about 6800 B.C. It was first made from wheat flour (milled by hand mills) and later from millet, barley, oats, and rice flours. In ancient times almost every public or private servant received loaves of bread as wages even State officers including Viceroys in ancient Egypt. Grain was then a Government monopoly, controlled by the ruling king. Roman bakers of the third century were compelled by law to wear linen gloves, gauze-masks and overalls when kneading and preparing the loaves—a hygienic precaution not frequently met with even in our germ-conscious times.

[White bread was introduced in Europe if we remember right, in 1820, and for many years was considered a luxury. Bread has progressed from a dark brown to light brown and ultimately to the milk-white product which is generally regarded as the ideal today.

Some psychologists believe that the unpopularity of brown bread among most people is more due to snobbery than to its flavour or keeping qualities. —Ed. HEALTH].

Pleasant Topics From All Sources

Some years ago at a dinner the toast-master introduced Thomas Alva Edison. He mentioned Edison's many inventions, dwelling at length on the talking machine.

The aged inventor then rose to his feet, smiled and said gently, "I thank the gentleman for his kind remarks, but I must insist upon a correction. God invented the talking machine. I only invented the first one that can be shut off."

* * *

The fat man and his wife were returning to their seats in the theatre after the intermission.

"Did I tread on your toes as I went out ?" he asked the man in the first seat.

"You did," replied the other grimly, expecting an apology.

The fat man turned to his wife. "All right, Mary," he said. "This is our row."

* * *

The editor of a Vermont newspaper sent to one of his subscribers, Hiram Sparks, a notice that his subscription had expired.

The notice came back with this laconic message : "So's Hiram."

● ● ●

A Broadway playboy had a close shave in a local barber-shop recently. His manicure girl was very beautiful, and he suggested dinner and a show that evening.

"I don't think I ought to," said the girl demurely. "I *am* married."

"Ask your husband," suggested the playboy. "I'm sure he wouldn't mind."

"Ask him yourself," said the girl. "He's shaving you."

* * *

A noted playwright was supervising the rehearsals of his new play which was backed by an aging dowager.

During one rehearsal the author, without thinking, asked her how old she was.

"Why do you wish to know?" was her icy query.

"Dear lady," was the quick recovery, "I merely wanted to know at what age a woman is most fascinating."

* * *

Max Schling, a New York florist, once ran a whole advertisement in *shorthand* in the *New York Times*. Many a businessman cut it out and handed it to his secretary to translate.

The ad. asked secretaries to think of Schling when the boss wanted flowers for his wife.

● ● ●

A southern preacher was telling his congregation about King Solomon. He described the fabulous king's wisdom, his way of life, his wives and concubines. "And," he remarked, "he fed them all ambrosia."

"Never mind what he fed *them*," one spoke up. "What did Solomon *himself* eat ?"

The sweet old lady stuck her head out of the curtains of the voting booth and whispered to an attendant :

"Must I really choose only one candidate ? They all seem so nice !"

"I'm afraid you must," was the kind but firm answer.

The little lady retired behind the curtain. After a few minutes, she emerged with a contented smile on her face.

The attendant, curious to see her choice, peeped into the booth. Across the bottom of the ballot was written briefly :

"God Bless you all."— *J.A.M.A.* 14-7-56.

Time to Spare

An English lady, coming home from Switzerland, grew fidgety as her train neared the border. She had struck up an acquaintance with a very friendly fellow passenger on the journey, and now confided to him, "I mean to smuggle in this wrist watch I'm wearing, and I don't mind telling you I'm nervous as a cat about it."

A Customs Inspector marched into the compartment, and smiled, "I don't suppose either of you has failed to declare any dutiable objects ?" Almost casually, the man pointed to the lady's watch and said "I believe you'll find our friend here has overlooked that little bauble."

The watch was confiscated, while the lady dissolved into tears. When the train was in motion again she upbraided the informer. "How could you be such a swine ?" The man pulled a valise out from under his seat and opened it, revealing a cache of at least 100 shiny new watches. "Don't take it so hard, lady," he advised. "Help yourself to any two of them !"—(Bennet Cerf in *Saturday Review*).

●

Hell to Pay

A man died in a People's Democracy and, as he was a great sinner went to Hell. There he found two doors. Before the one named "Socialist Hell" there was a big queue, Before the other, "Capitalist Hell," only a bored devil as doorkeeper. Being used to queues he took his place in the long one to the "Socialist Hell" and asked his neighbour :

"Well, how are things here ?"

"Normal", the other replied, "they boil you in tar, they stroke up the fire with coal to make you fry better ; often one has to sit on a razor's edge."

"And over there, in the Capitalist Hell ?"

"The same in principle."

"Then why the big queue here ?"

"Well, they hope that, as usual, there will be no deliveries of coal and that the razors will be in short supply !"—(*Time and Tide*).

●

Mother of small boy to child psychiatrist : "Well, I don't know whether or not *he* feels insecure, but everybody else in the neighbourhood certainly does !"—(*Dick Turner.*)

Hand-Book on

FIRST AID IN ACCIDENTS

By Dr. U. RAMA RAU

Revised by: Dr. U. KRISHNA RAU, M.B., B.S., M.L.A.

Published in: English, Tamil, Telugu, Canarese, Malayalam & Hindi

Explains how First Aid should be rendered in Accidents such as:—

FRACTURES,
CONCUSSION,
FAINTING,
CONVULSION,
SHOCK,
COLLAPSE,
SUN-STROKE,
HEAT-STROKE,
ASPHYXIA,
SHOCK from ELECTRICITY & LIGHTNING,
BURNS,
WOUNDS,
BITES,
SNAKE BITE
BRUISES,
STRAINS & RUPTURE of MUSCLES,
POISONING,
INSENSIBILITY,
ETC., ETC.

One of the illustrations

The book written in popular language with many illustrations, and running to 240 pages (Demy 16mo) has been found very useful by the lay public in rendering First Aid scientifically in cases of accidents till the arrival of the doctor. Members of the medical profession have found it useful to deliver lectures on First Aid to laymen.

The book is being published since the First Great World War (1914–1919) and has since run into several editions and thousands of copies have been sold. Mines, Factories, Police Forces &c. use these books largely.

Price Re. 1/- or sh. 2 per copy for any edition. Postage 56 nP. Extra per copy.
Value may be remitted along with the subscription to 'Antiseptic' or 'Health' or both

COPIES CAN BE HAD FROM:

Manager, THE ANTISEPTIC, Monthly Medical Journal,
P. O. Box 166, MADRAS-1

Copies are also on sale by Messrs. Higginbothams at their Railway book-stalls at the following stations:

ADONI
ARKONAM
BANGALORE CITY
BANGARUPET
BAPATLA
BELGAUM
BELLARY
BHEEMAVARAM
CANNANORE
COCHIN HARBOUR TERMINUS
COIMBATORE
CUDDALORE O.T.
ELLORE
ERODE
GODAVARY
GUDIVADA
GUDUR
GUNTAKAL
GUNTUR
HUBLI
JALARPET
KATPADI
MADRAS CENTRAL
MADRAS EGMORE
MADRAS FORT
MADURAI
MANGALORE
METTUPALAYAM
MYSORE
NEGAPATAM
NIDADAVOLE
ONGOLE
PODANUR
QUILON
RAJAHMUNDRY
RENIGUNTA
SALEM
SAMALKOT
SHORANUR
TAMBARAM
TANJORE
TENALI
TIRUR
TRICHINOPOL
TRICHUR
TRIVANDRUM CENTRAL
VIJAYAWADA
VILLUPURAM

Printed by U. VASUDEVA RAU, at the Antiseptic Press, 10, Thambu Chetty Street, for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1.